

FILED

6/2/2017

NF

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

PH

James Morgan
8158 So. Chappel
Chicago, IL 60617

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Auto Zone

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Cas

(To be supplied by the Clerk of this Court)

RECEIVED

APR 14 2017

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CHECK ONE ONLY:

AMENDED COMPLAINT

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known) Title III of A.D.A.

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: James Morgan

B. List all aliases: NONE

C. Prisoner identification number: N/A

D. Place of present confinement: N/A

E. Address: 8158 So. Chappel Chicago, IL 60617

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

A. Defendant: Auto Zone 40 CT Corporation
System

Title: CT Corp. Systems Register Agent

Place of Employment: 208 So. La Salle #814 Chgo IL 60604

B. Defendant: _____

Title: _____

Place of Employment: _____

C. Defendant: _____

Title: _____

Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: James Morgan
Docket number: 1:16-cv-07661

B. Approximate date of filing lawsuit: Jan 2016

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: James
MORGAN

D. List all defendants: Chicago Park District
Westside Management

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal

F. Name of judge to whom case was assigned: _____

G. Basic claim made: Employment Discrimination

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled

I. Approximate date of disposition: 2/28/2017

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Now Comes Plaintiff, James Morgan, at approximately 3:00 PM on Feb. 24, 2017 at Auto Zone Store located at 8127 So George Grove Ave. Chicago, IL, to buy a fuel pump. While standing at the Counter and also while applying for an Auto Zone Loyalty Card (see Attached Exh. A). A lady named Ms. Davis came storming into the store and came right up to the Counter where I was standing and said "What was at this Counter? ... Look at my Coat", Her coat had been burn by battery acid. It was literally coming apart right before your eyes. I had my hands on said Counter and was leaning on it also to better see the computer monitor while answering questions asked by Auto Zone Employee, Keith. Keith stopped the transaction and told me and Ms. Davis to go to the back of the store and wash our hands. Then I finished my transaction (see attached Exh B)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I dropped off the part to my mechanic. I then started feeling a warm + Wet sensation and then realized that the battery acid had burned through my Shirt and my Ostomy bag. So I ~~Wrote~~ home and took off the burnt ostomy bag and tried to clean the area best I could. My SKIN Had Blisters and was Red and started burning + itching and I could NOT put on Another Ostomy Bag. I had tryed seven before I Went to So. Shore Hospital (see attached Exh. C). I called the Auto Zone Store while at the Emergency Room and was told by a Ms. Donnick that the manager, Mr. Robert, Would look at the Video Tape and if they were Liable someone from the "home office" would call me. So I gave Ms. Donnick my phone number. ON Feb 28, 2017 at 3:26 p.m. I received a phone call from a Ms. Liz Ragsdale From Auto Zone. ~~she said I was not liable~~
~~she said nothing~~
~~she was sorry~~

After telling me how sorry she was about the said incident she asked me If She could take a recorded statement, and I told her fine. During the recorded statement she asked how much my coat cost, how much time I missed from work, and what type of work I do, etc. I answered all her questions, however when I told her I was an Ostomy patient and what the battery ^{had} ~~had~~ did to my skin. She then cut off the whole conversation and that she would "get back to me".

Then on March 7, 2017 I received a letter from Liz Ragsdale (see attached Exh D) The letter said that Auto Zone was NOT Liable. However, I was told by the store management that I would NOT EVEN get a call unless there was some liability on their part.

It was the fact that I was disabled that made Ms. Liz Ragsdale discriminate against me, a certified disabled man, do now can't

Hardly leave the HOUSE Because I
can't seem to keep an Ostomy Bag on
for over 2 hours at a time.

This is a clear violation of A.D.A.
title III for me to be Discriminated as I
WAS, all after sounding so positive and even giving
me the claim number before she was told
that I had A Disability, by me during our
recorded statement and conversation.

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

In excess of \$50,000.00

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 14th day of April, 2017
James Morgan

(Signature of plaintiff or plaintiffs)

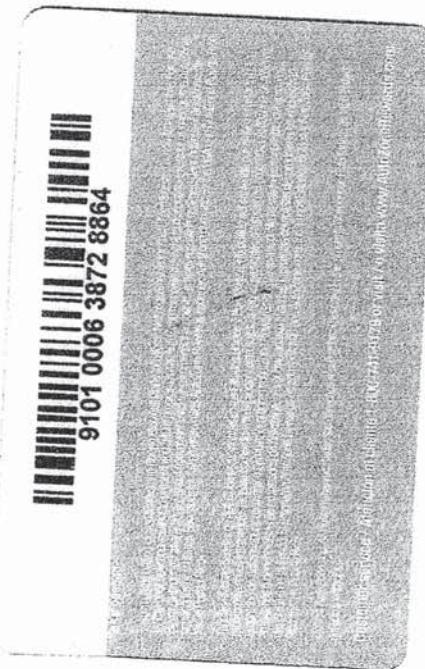
James Morgan
(Print name)

M625-4445-3283
(I.D. Number)

8158 So. Chappel
Chicago, IL 60617

U.S.A.

(Address)



AutoZone 4425
8127 S COTTAGE
CHICAGO, IL
(773) 483-8741

Plaintiff Exh B

Loyalty Card 910100XXXXX8864

#342659	DFG0215	119.99 P
	DFG0215	
Delphi Fuel Pump Module, EA		
SUBTOTAL		119.99
TOTAL TAX @ 10.250%		12.30
TOTAL		132.29
XXXXXXXXXXXX1232 DEBIT		132.29
APPROVAL #		

REG #14 CSR #04 RECEIPT #000939
STR. TRANS #846917
STORE #4425
DATE 02/24/2017 15:28

OF ITEMS SOLD 1



4 4 2 5 8 4 6 9 1 7 0 2 2 4 1 7

Member: JAMES MORGAN

Credits Towards Next Reward: 1

PERSONAL WARRANTY INFORMATION
MORGAN JAMES
50617
773) 916 - 0044

996 Chrysler Truck Town & Country 2WD
Item: 342659 DFG0215 DELPHI FUEL PUM
LIMITED LIFETIME WARRANTY PERIOD

Limited Warranty
If a part fails during the warranty period shown on this receipt, bring the part to any AutoZone store and you will receive a replacement or refund. Warranty excludes damage caused by abuse, other faulty parts, proper installation or off-road, commercial or marine use. Warranties on replacement parts cover the unused portion of the original warranty or days, whichever is longer. Warranties expire when you sell your vehicle.

THIS LIMITED WARRANTY REPRESENTS THE SOLE LIABILITY OF AUTOZONE, FOR ANY PART OR PRODUCT. AUTOZONE MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

AUTOZONE SHALL NOT BE LIABLE FOR SPECIAL INCIDENTAL



approx 30 minutes after contact I went home and noticed the Battery Acid had Burned through my Coat and I noticed a Wet feeling and also noticed my ostomy ~~bag~~ was leaking because the battery Acid. And when I removed the ~~bag~~ I noticed my skin was blistering and very Red and irritated ...

Later that same day I called ^{the same} Auto Zone store and talked to a Ms. Donnick (sp) who told me the manager Mr. Robert would look at the store tape and if they ~~saw~~ was deemed that it was their fault the home office would be in contact with me.

After the above conversation and APPROX 8:00 PM I went to the emergency room at South Shore hospital because the burning ^{ostomy} was get worse and I could not put ~~any~~ ^{ostomy} bag on. See attached hospital bill, exhibit B

on feb 28, 2017 at 3:26 pm I received a call from a women who I do herself as Liz Rydale from the home office of A.Z. she apologized for my injuries and she ask if she could do



SOUTH SHORE HOSPITAL
8012 S. CRANDON AVE. CHICAGO, IL 60617
(773) 356-5000

MED REC#: **M000285562**NAME: **MORGAN, JAMES D**ACCOUNT#: **V00163959646**ADMIT DATE/TIME: **02/24/17 1949** DISCHG DATE/TIME: **02/24/17 2026**

BIRTHDATE: **10/04/1953** SERV/LOC: **ER** SOC SEC#: **344-48-4010**
 AGE: **63** ROOM/BED: PAT STATUS: **DEP ER**
 SEX: **M** ACCOM: PRIORITY: **ER**
 FIN CLASS: **CO** ADMIT SOURCE: **1 EMERGENCY ROOM** CONF:
 PHYS DIAG: ADMITTING DIAGNOSIS: **RASH ON SKIN FROM BATTERY ACID**

*** PATIENT INFORMATION ***

PATIENT: **MORGAN, JAMES D** MARITAL ST: **D DIVORCED**
 ADDRESS: **8158 S CHAPPEL AVE** RELIGION: **BAPTIST**
CHICAGO, IL 60617 RACE: **AFRICAN AMERICAN**
 PHONE HM#: **(773) 916-0044** HISPANIC: **NO**
 PHONE WK# LANGUAGE: **ENGLISH**

*** PHYSICIAN INFORMATION ***

PRIMARY CARE PHYS: FAMILY PHYS:
 ADMIT PHYSICIAN: OTHER PHYS:
 ATTENDING/ER PHYS: **SAVIANO, DANIEL P MD**

*** CONTACT INFORMATION ***

NEXT OF KIN: **MORGAN III, JAMES** PERSON TO NOTIFY: **MORGAN III, JAMES**
 NOK ADDRESS: **NONE GIVEN** PERSON NOTIFY ADD: **NONE GIVEN**
CHICAGO, IL 60617 PERSON NOTIFY PH#: **(773) 987-5005**
 NOK PHONE #: **(773) 987-5005** PERSON NOF WK PH#: **SON**
 NOK WK PH #: **SON**
 NOK RELATION:

*** EMPLOYMENT INFORMATION ***

EMPLOYER: **RETIRED** OCCUPATION: **RET-2015**
 ADDRESS: EMP PHONE #:

*** GUARANTOR INFORMATION ***

GUARANTOR NAME: **MORGAN, JAMES D** GUAR EMPLOYER: **RETIRED**
 GUAR ADDRESS: **8158 S CHAPPEL AVE** GUAR EMP PH #:
CHICAGO, IL 60617 RELATIONSHIP: **SELF / SAME AS PATIENT**
 GUAR PHONE NO: **(773) 916-0044** GUARANTOR SS#: **344-48-4010**

INSURANCE 1 COMPANION LIFE	POLICY # CL14940300	GROUP # H11-H1101	SUBSCRIBER MORGAN, JAMES D
P.O. BOX 99906, GRANDPRAIRIE, TX 76099 (800) 661-0148			

2

3

ADMIT COMMENT: **COMPANION LIFE**ADM CLERK: **ADMAJR**

*** ADVANCE DIRECTIVES ***

DO YOU HAVE A LIVING WILL? **N**
 WAS PRIVACY NOTICE GIVEN? **Y**
 DATE SIGNED: **11/30/14**

LOCATION OF THE WILL:
 PORTAL INSTRUCTIONS GIVEN: **Y**

South Shore Hospital
8012 S Crandon Avenue
Chicago, IL 60617

ED PROVIDER REPORT

Patient Name: MORGAN, JAMES D
DOB: 10/04/1953 MR#: M000285562
Age: 63
Sex: M Acct#: V00163959646
Arrival Date/Time: 02/24/17 1919
ED Physician: SAVIANO, DANIEL P MD

Admit Date: Attending Physician:

General

Chief Complaint: Skin Complaint
Stated Complaint: RASH ON SKIN FROM BATTERY ACID
Time seen by MD: 19:57
Date Seen by MD: Feb 24, 2017

History of Present Illness

Initial Comments

63 yo a b male, hx of colon cancer, colostomy bag, seen for being exposed to car battery acid on stomach, hands 5 hours ago. Pt states he immediately irrigated areas. complains of slight pain, burning sensation.

Allergies:

Coded Allergies:

NO KNOWN ALLERGIES (Unverified , 11/30/14)

Home Meds

Reported Medications

Levothyroxine Sodium (Synthroid*) 137 Mcg Tablet, 0.137 MG PO DAILY for THYROID, #30 TAB 0 Refills
2/24/17

Discontinued Scripts

Triamcinolone Acetonide (Triamcinolone Acetonide*) 0.1% Oin, 0.1 MG TOP BID for rash, #80 GM 0 Refills
Prov: MOTLEY, CHARLES MD 11/30/14

Past Medical History

Past Medical History: Hypertension, Other

Other Medical History:

CROHN'S DISEASE --COLON SURGERY 10 YRS AGO

Hx MRSA: No

Skin: see HPI (R calf tenderness, edema, no palpable chord, homen positive)

All Systems: Negative except as marked

Physical Exam

General Appearance: WD/WN, mild distress

Eyes: bilateral eye EOMI, bilateral eye PERRL, bilateral eye normal inspection

Ear, Nose, Throat: hearing grossly normal, normal ENT inspection, normal pharynx

Neck: non-tender

Respiratory: chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular: normal peripheral pulses, regular rate, rhythm, no edema, no gallop, no JVD, no murmur

Peripheral Pulses: 4+ carotid (R), 4+ carotid (L), 4+ femoral (R), 4+ femoral (L), 4+ dorsalis pedis (R)

Gastrointestinal: normal bowel sounds, non tender, soft, no organomegaly, no pulsatile mass

Back: normal inspection, no CVA tenderness, no vertebral tenderness

Extremities: normal range of motion, non-tender, normal inspection, no pedal edema, no calf tenderness, normal

Plaintiff
Exhibit D



123 South Front Street, Dept. 8030, Memphis, TN 38103 Phone 901-495-6990

March 7, 2017

James Morgan
8158 South Chappel Avenue
Chicago, IL 60617

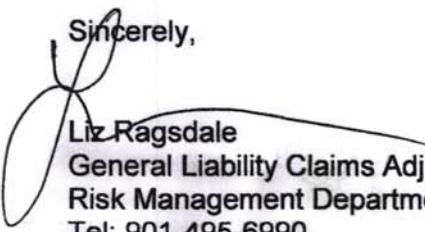
Re: Date of Alleged Incident: February 24, 2017
Our Claim Number: 002109-009749-GB-02

Dear Mr. Morgan,

We have concluded the investigation regarding the alleged incident that occurred on February 24, 2017, at 8127 South Cottage Grove, Chicago, IL 60619. There was no negligence on behalf of AutoZone to have caused the incident or any injuries; therefore, we must respectfully deny your claim.

Please be reminded there is no Medical Payments Coverage available on AutoZone's insurance policy. Please provide a copy of this letter to your health insurance carrier.

Sincerely,


Liz Ragsdale
General Liability Claims Adjuster
Risk Management Department
Tel: 901-495-6990
Fax: 901-495-8317
elizabeth.ragsdale@autozone.com

A = Loy. Card

B = Receipt

C = So. Shore

D = A.Z. Let